material. Vulcanization is then allowed to be completed in an oven regulated at about 70°C. for twenty-four to forty-eight hours, depending on the technic.

**Comment**

The success of a prosthetic restoration about the face will depend on three factors: (1) site, size, and shape of the defect and the effect these will have on the problem of aesthetics and retention; (2) careful planning of the prosthesis and attention to all details of the steps involved in making the restoration, and (3) the patient's ability to use the prosthesis and his willingness to co-operate. The false stigma associated with wearing of artificial restorations must be overcome.

If, with the aid of the prosthesis, the patient is made to feel that his appearance is normal again, and that he can meet his fellowmen without the constant fear of being stared at, and if with the aid of the prosthesis he is able to readjust himself to his daily work, the prosthesis can be considered a success.

It is often gratifying and encouraging to find that although some patients at first seem to feel unnatural while wearing the prosthesis, they soon become accustomed to it and feel unnatural without it.

**Hypertrophy of the Genitalia**

**[A Case Report]**

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(With two illustrations)

The following case exhibits unusual sequelae of urethral stricture, urinary extravasation and infection. These conditions were compounded over a period of time to produce the hypertrophy shown in the accompanying photographs.

Hospital No. 67416 patient was admitted April 6, 1938. He is a 47 year old barge Captain. His chief complaint is dysuria and great swelling of the genitalia. He states he has lost about 50 pounds in weight during the past year. From the patient’s history it was impossible to fix the time of the first infection. He arranged a support for the enlarged genitalia and continued to work up to the time of this admission. The past four months brought more acute distress and difficulty in urination.

He was born in the South. The past twenty years he has been continuously employed on the barges of New York Harbor. He denied other diseases. His family history was irrelevant to the present trouble.

Physical examination revealed a thin, dehydrated, weak individual. The sclerae were pale; no jaundice was present. The mucous membranes were dry; the tongue dry and coated with detritus. The teeth and gums were ill-kept. The
breath was foul. The lungs were clear of rales. The heart sounds were regular and rhythmical; the rate was rapid. The blood pressure was 110/70 mm of mercury. The abdomen was scaphoid, soft throughout. The extremities were thin. All tendon reflexes were active. The Romberg was negative. The photographs best describe the genitalia. The scrotal and penile masses exhibited multiple fistulae from which urine and pus were seeping. The urethral canal could not be probed.

The blood urea was 44 mgm. per cent. The blood count was 1,700,000 red cells, hemoglobin 38 per cent, 20,200 white blood corpuscles, with 72 per cent of Neutrophiles.

The blood Wassermann and Kahn were negative. The spinal fluid Wassermann was negative. Repeated blood smears for filaria at different times of day and night were negative.

It was impossible to obtain a urine specimen suitable for analysis at the time of admission.

The diagnosis were:
Stricture of the urethra, multiple.
Extravasation of urine, old.
Elephantiasis, nonfilarial, old.
Anemia, secondary.
Uremia, secondary to urinary obstruction.

The first treatment was directed towards the relief of the urinary obstruction, anemia and dehydration. An external urethrotomy was performed for bladder drainage. Fluids were given by mouth and by vein. Blood transfusions and iron were given to treat the anemia.

After the general condition of the patient had improved to the point suitable for surgery, a series of plastic operations were performed to relieve the hypertrophy; re-establish the urethra and scrotum; and to replace skin removed from the penis.

The fibrotic edematous tissue was resected. The urethra was repaired around
soft rubber urethral retention catheters. The denuded penis was recovered with a split skin graft from the abdomen and the small areas with pinch grafts from the thigh.

The scars on the abdomen and right thigh are the areas from where the skin grafts were removed. Except for one attack of pneumonia his convalescence was unusually smooth.

The photographs before and after the repair are the best description.

The patient was discharged to work. He has reported back to state that he has no discomfort or urinary symptoms.

Surgical Pathological Report
Surg. No. 1006
Gross Appearance: Specimen consists of a mass of tissue removed from the scrotum. One surface is covered with skin. Beneath this, the tissue is hard and fibrous in some areas and markedly edematous in others.

Microscopic Notes: Section of the tissue shows one surface covered with stratified, squamous epithelium, the basal layer of which is heavily pigmented. Beneath this, there is a dense fibrous connective tissue stroma, in which there are a few blood vessels and lymph spaces. The latter show a zone of round cell infiltration surrounding them. Sections from other areas show marked edema of the connective tissues.

Pathological Diagnosis: It is believed that this process is the result of long continued irritation resulting in lymphatic obstruction.

Conclusions: Case report is given which shows the results of neglected urethral infection, urethral strictures and urinary extravasation. No specific organisms, such as filaria could be found.

THE DETECTION OF IODIDES IN URINE BY THE ORTHOTOLIDINE TEST

By Captain Charles C. Gill, Medical Corps, U. S. Army

In a previous paper mention was made of the color reaction caused by iodides in urine when orthotolidine was used as a presumptive test for erythrocytes. This was found while making experiments to gain a better concept of the scope of the orthotolidine test mentioned by Stone and Burke for the detection of red blood cells in urine.

The reagents are:

#1. Orthotolidine grams 0.5
   Methyl Alcohol c.p. c.c. 50.
#2. Glacial acetic acid c.c. 15.
   Hydrogen peroxide c.c. 30.

The procedure is: To 2 c.c. of urine add two drops of #1, mix thoroughly by shaking, then add three drops of solution #2. (Both reagents are quite stable over a period of six months to a year.)

Interpretation of the color change, if any appears:

I. The test for erythrocytes, as previously established:
   (a) A greenish blue color, appearing promptly, persisting for a minute, denotes the presence of erythrocytes in large numbers, approximating whole blood diluted 1:100,000.
   (b) A deeper blue to a real deep blue color, appearing promptly, persisting two minutes or longer, denotes the pres-